

Express Mail No. EV355035078US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Express Mail No.: EV355035078US
Filed: Herewith
Applicant: Herbert C. Preul
Title: WASTEWATER SOURCE CONTROL SYSTEM
Attorney Docket: PREUL-02A

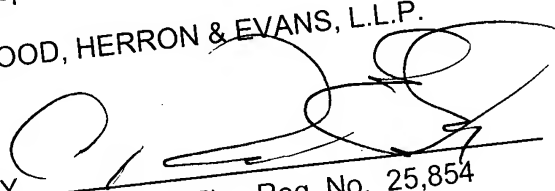
MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE
(37 C.F.R. §1.102(c) and M.P.E.P. §708.02IV)

Applicant hereby petitions to make this application special because Applicant is over 65 years of age. Applicant's date of birth is January 11, 1926. As a showing of this face, accompanying this petition is Applicant's Birth Certificate. No fee is required with this petition, in accordance with 37 C.F.R. §1.102(c).

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

BY 
C. Richard Eby, Reg. No. 25,854

2700 Carew Tower
Cincinnati, OH 45202
(513) 241-2324
(513) 241-6234 (Facsimile)

PLACE OF BIRTH

County of St. Louis
 Township of Berger
 Village of Berger
 City of St. Louis
 No. 1 Ward 1

STATE OF MISSOURI Bureau of Vital Statistics CERTIFICATE OF BIRTH

Registration District No. 2970
 Primary Registration District No. 5410

File No.

Registered No.

If birth occurs in a hospital or other institution, give name of same, instead of street and number.

2. FULL NAME OF CHILD: HERBERT FREDERICH CHARLES FREUL

3. Sex of Child: Male 4. Legitimate: Yes 5. Twin, Triplet, or other? No 6. Number and in order of birth: 1 7. Date of birth: Jan 11th 1926
 To be answered in case of plural births only

8. FULL NAME: FATHER CHARLES

13. FULL MAIDEN NAME: MOTHER

9. P. O. ADDRESS: Berger Mo

14. P. O. ADDRESS: Berger Mo

10. COLOR OR RACE: White 11. AGE AT LAST BIRTHDAY: 40 (Years)

12. COLOR OR RACE: White 13. AGE AT LAST BIRTHDAY: 36 (Years)

11. BIRTHPLACE: Dresden Germany

16. BIRTHPLACE: Marionville Mo.

12. OCCUPATION: Minister of Gospel

17. OCCUPATION: Housewife

18. Number of child of this mother: Fourth 19. Number of children, of this mother, now living: Four 20. Born at full term: Yes

What antiseptic was used in the eyes? cup of argyrol

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE: I hereby certify that I attended the birth of this child, who was born alive at 12:30 PM on the date above stated.

(When there was no attending physician, midwife, father, mother, house-der, etc., should make this return.)

(Signature) M. H. Wagner (Physician or Midwife)

Address: 19

23. Filed 19

This certificate must be FILED with the Local Registrar within TEN (10) days after birth.



STATE OF MISSOURI
 CITY OF JEFFERSON
 I HEREBY CERTIFY that the above is a true and correct copy of the certificate for the person named therein. The original record being filed in the Central Bureau of Vital Statistics of the State of Missouri is part of the permanent records of said bureau. WITNESS my hand as State Registrar of Vital Statistics and the Seal of the Missouri State Board of Health this date of AUG 7 1926
R. M. Jones State Registrar of Vital Statistics